

Policy: MBP 315.0

Section: Medical Benefit Pharmaceutical Policy

Subject: Aphexda (motixafortide)

I. Policy:

Aphexda (motixafortide)

II. Purpose/Objective:

To provide a policy of coverage regarding Aphexda (motixafortide)

III. Responsibility:

- A. Medical Directors
- B. Medical Management
- C. Pharmacy Department

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than
3. the department requiring/authoring the policy.
4. Devised – the date the policy was implemented.
5. Revised – the date of every revision to the policy, including typographical and grammatical changes.
6. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards good medical treatment practiced by the general medical community;
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care compensable under the Medical Assistance program that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- i. Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- ii. Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- iii. Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

DESCRIPTION:

Motixafortide selectively inhibits C-X-C motif chemokine receptor 4 (CXCR4) binding to stromal cell–derived factor-1-alpha (SDF-1α)/C-X-C motif chemokine ligand 12 (CXCL 12), expressed by bone marrow stromal cells, resulting in mobilization of hematopoietic stem and progenitor cells from bone marrow into peripheral blood. Motixafortide binds CXCR4 with high affinity and prolonged receptor occupancy, resulting in extended clinical activity. In animal models, mobilized CD34+ cells are capable of engrafting with extended repopulating capacity.

CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee

Aphexda (motixafortide) will be considered medically necessary for the commercial, exchange, CHIP, and Medicaid lines of business when ALL of the following criteria are met:

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation that Aphexda is prescribed by a hematologist or oncologist **AND**
- Medical record documentation that Aphexda will be used in combination with filgrastim for the mobilization and collection of hematopoietic stem cells for subsequent autologous stem cell transplantation **AND**
- Medical record documentation of therapeutic failure, intolerance, or contraindication to plerixafor

AUTHORIZATION DURATION: One (1) month

Note: For Medicaid (GHP Family), any requests for services that do not meet criteria set in the PARP will be evaluated on a case-by-case basis.

Aphexda (motixafortide) will be considered medically necessary for the Medicare line of business when ALL of the following criteria are met:

- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation that Aphexda is prescribed by a hematologist or oncologist **AND**
- Medical record documentation that Aphexda will be used in combination with filgrastim for the mobilization and collection of hematopoietic stem cells for subsequent autologous stem cell transplantation

AUTHORIZATION DURATION: One (1) month

LINE OF BUSINESS:

Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy.

REFERENCES:

1. Aphexda [Prescribing Information]. Waltham MA. BioLineRx USA Inc. September 2023.
2. IPD Analytics. Aphexda for the Treatment of Multiple Myeloma. New Drug Approval Review. October 27, 2023. Accessed February 29, 2024. <https://www.ipdanalytics.com>.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 3/19/24

Revised:

Reviewed:

MA UM Committee approval: 5/22/24